

MONTEREY PARK FIRE DEPARTMENT DISASTER PREPAREDNESS DIVISION



VOLUNTEER APPLICATION

OFFICE USE ONLY

Date:		DATE RECEIVEDAPPROVALCLASS DATE
Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Home Phone	Work Phone	;
Cell Phone		
E-mail Address:		
Are you bi-lingual? Yes No		
If yes, what language:		
Are you currently involved with any volunteer pr	ograms within the City of	Monterey Park? Yes No
If yes, please describe:		
How did you hear of the CERT program?		

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name		Relationship					
Address		City					
State Zi	p Code	Phone					
BACKGROUND INFORMATION							
Date of Birth//	Last 4 Digits of	of Social Security # _					
Driver's License/I.D.#	Class	_State Issued	State IssuedExpiration Date				
Have you ever been convicted of a crir	ne other than minor t	raffic violations?	Yes	No			
Are you currently awaiting trial, on pro	obation or parole?	Yes	No				
Name of current or most current Emplo	oyer						
Address	City		State	Zip			
Supervisor's Name		Supervisor's Phone #					
Dates: FromTo	Reason f	or Leaving					
Personal ReferenceName			Relationship				
Address	City	State	Zip	Phone #			
STATISTICAL INFORMATION (C	ADTIONAL)						
Age Group:18-29	30-39	40-69		70 +			
Sex: Female	Male						
Ethnic Group: African-American	Hispanic	Native-Ame	Native-American				
Caucasian	Asian	Other					
declare under penalty of perjury that a	ll statements on this a	pplication and attach	ments are true	and complete to the best			
ny knowledge. I understand that false,	misleading, or incon	nplete information sh	nall be cause for	or disqualification.			
Volunteer Signature			Date				
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